

JAN. 22. 2004 5:01PM

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Examiner C. Delacroix-Muirhead - Art Unit 1614 Commissioner for Patents	(703) 306-3227	(703) 872-9306

From: Stephen E. Reiter

SR

Sender's Direct Dial: 858.847.6711

Date: January 22, 2004

Client/Matter No: 071243-1404

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MESSAGE:**OFFICIAL**

Re: Application Serial No. 09/937,840

Following are copies of:

Amendment Transmittal (3 pgs.-in dupl.. = 6 pgs.);

Response to Restriction Requirement (8 pgs.).

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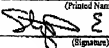
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Atty. Dkt. No. ABI1550-1
(071243-1404)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Soon-Shiong and Desai
Title: LONG TERM
ADMINISTRATION OF
PHARMACOLOGICALLY
ACTIVE AGENTS
Appl. No.: 09/937,840
Filing Date: 01/28/2002
Examiner: C. Delacroix-Muirhead
Art Unit: 1614

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. Stephen E. Reiter (Printed Name)  (Signature) January 22, 2004 (Date of Deposit)

AMENDMENT TRANSMITTAL

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- [] Assertion of Small Entity status is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims As Amende d		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	21	-	20	=	1	x	\$18.00	=	\$18.00
Independents:	5	-	5	=	0	x	\$86.00	=	\$0.00

Atty. Dkt. No. AB11550-1
(071243-1404)

First presentation of any Multiple Dependent Claims: +	\$290.00	=	\$0.00
	0		
CLAIMS FEE TOTAL	=		\$18.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$420.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$950.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$18.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$18.00

- ☒ Please charge Deposit Account No. 50-0872 in the amount of \$18.00. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$_____ is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such

Atty. Dkt. No. ABI1550-1
(071243-1404)

extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to
Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address
indicated below.

Respectfully submitted,

Date: January 22, 2004

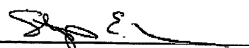
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By


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